

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-835)**

SERIAL NO. 08/776044 FILING DATE  
 APPLICANT(S) Ed. J. Reed  
Patent Specialist

|              | AS FILED |      | AFTER 1st AMENDMENT |      | AFTER 2nd AMENDMENT |      |
|--------------|----------|------|---------------------|------|---------------------|------|
|              | IND.     | DEP. | IND.                | DEP. | IND.                | DEP. |
| 1            | 1        |      | 1                   |      | 1                   |      |
| 2            |          | 1    |                     | 1    |                     | 1    |
| 3            |          | 2    |                     | 2    | 1                   |      |
| 4            |          | 2    |                     | 2    |                     | 2    |
| 5            |          | 0    |                     | 2    |                     | 2    |
| 6            |          | 1    |                     | 1    |                     | 2    |
| 7            |          | 1    |                     | 1    |                     | 2    |
| 8            |          | 1    |                     | 1    |                     | 2    |
| 9            |          | 1    |                     | 1    |                     | 2    |
| 10           |          | 0    |                     | 1    |                     | 2    |
| 11           | 1        |      | 1                   |      |                     |      |
| 12           |          | 1    |                     | 1    |                     |      |
| 13           |          |      |                     |      |                     |      |
| 14           |          |      |                     |      |                     |      |
| 15           |          |      |                     |      |                     |      |
| 16           |          |      |                     |      |                     | 1    |
| 17           |          |      |                     |      |                     | 1    |
| 18           |          |      |                     |      |                     | 1    |
| 19           |          |      |                     |      |                     | 1    |
| 20           |          |      |                     |      |                     | 1    |
| 21           |          |      |                     |      |                     |      |
| 22           |          |      |                     |      |                     |      |
| 23           |          |      |                     |      |                     |      |
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| 41           |          |      |                     |      |                     |      |
| 42           |          |      |                     |      |                     |      |
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| 44           |          |      |                     |      |                     |      |
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| 47           |          |      |                     |      |                     |      |
| 48           |          |      |                     |      |                     |      |
| 49           |          |      |                     |      |                     |      |
| 50           |          |      |                     |      |                     |      |
| TOTAL IND.   | 2        |      | 2                   |      | 2                   |      |
| TOTAL DEP.   |          | 13   |                     | 13   |                     | 13   |
| TOTAL CLAIMS | 15       |      | 15                  |      | 15                  |      |

  

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| 51           |  |  |  |  |  |  |
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| 97           |  |  |  |  |  |  |
| 98           |  |  |  |  |  |  |
| 99           |  |  |  |  |  |  |
| 100          |  |  |  |  |  |  |
| TOTAL IND.   |  |  |  |  |  |  |
| TOTAL DEP.   |  |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |  |